

clean, and in many places the sores looked healthy and white. The bath was repeated next day, after which he fell, for the first time, into a tranquil slumber. From this time his recovery was progressive, delayed only by the formation of abscesses and the great soreness of the feet. That this gentleman's life would have been sacrificed but for the timely use of the bath, few who have had any experience in prognosis can reasonably doubt. He was in the condition of a patient every portion of whose skin had been burnt and ulcerated.... This case and its singular result, in addition to the experience of Hebra, justifies the recommendation of the use of the bath. No danger attends its employment; and, in asthenic cases, stimulants can be freely used. In the Vienna Hospital, patients have been kept continuously in the bath for one hundred hours with good effect."—*Brit. Med. Journ.*, February 17, 1872.

38. *Death from a Second Attack of Smallpox.*—REUSS relates, in the *General Report of Vaccinations performed during the year 1869* (*Wurtemb. Med. Correspond. Blatt.*, 1871, No. 28, quoted in the 54th No., Dec. 30, 1871, of the *Centralblatt f. d. Med. Wissenschaften*), the case of a man 53 years of age, upon whose body were the unmistakable cicatrices resulting from a preceding attack of smallpox, who was attacked a second time with variola, terminating in death. In the accounts on record of cases where the individual experiences a second attack of smallpox, this latter, according to Dr. R., is always attended with increased danger. The correctness of which remark our own experience corroborates. D. F. C.

39. *Revaccination.*—Dr. THEOPOLD (*Deutsche Klinik*, 1871, No. 38), a physician of Blomberg, of 30 years' standing, has had the opportunity of studying the circumstances connected with all the cases of variola and varioloid that have appeared in his vicinity during his term of professional service. He has, in very many instances, found the vesicles produced in cases of revaccination to be as full and perfect as in those following primary vaccination, and the lymph from them, when inserted in the arm, to furnish as complete protection from variolous infection. He suggests, therefore, that the lymph from a successfully revaccinated subject will furnish a valuable source of supply in case of the failure or scarcity of vaccine lymph from ordinary sources. In proof of the prophylactic efficiency of such lymph, the experience of the German army physicians is cited.

[There can be no doubt that in an extended series of revaccinations, in some cases, genuine vesicles, filled with effective lymph, may be met with; but the real question that presents itself, considering the great difference in point of infection which must exist necessarily in different cases of revaccination, is, will lymph thus obtained be safe to trust to for the protection of the system against the occurrence of smallpox? We should certainly answer, with Müller of Berlin, and with the mass of experienced vaccinators everywhere, in the negative.]

D. F. C.

Dr. BEATTY stated at the meeting of the Medical Society of the College of Physicians (Jan. 17, 1872), that he had been very extensively revaccinating for the last couple of months. "Many of these were persons whom I had vaccinated in their youth, for I have lived long enough to see another generation spring up under my care. And I have been surprised at the way in which persons—generally boys and men whom I had vaccinated, and who bore most splendid marks, specimens that they would take to their graves of successful vaccination—have taken revaccination, and at the vesicles, perfect as those you would see on an infant, that have formed on their arms. In many cases of adults, aged from twenty to thirty, I have seen the most perfect vesicles formed; and in the cases of younger persons the vesicles have been so beautiful as to deserve to be drawn as specimens of the disease. I have revaccinated freely whenever I have been asked to do so, and I never saw a single instance of a bad result from revaccination. I have seen what are called sore arms, particularly on persons aged from twenty-five to thirty and thirty-five, where the vesicles did not form as well as in other cases; and a sort of spurious inflammation, or extension of inflammation round the wound, but nothing

of the slightest importance, or that a wet rag did not put an end to it in a couple of days. But I never saw a single bad result arising from revaccination. And the grand point is that of giving confidence to the individual, when you can at so little expense satisfy his mind and, moreover, satisfy your own mind; because if you refuse to vaccinate a person who asks you to do it, and that person subsequently gets smallpox, I need not tell you what you will get."

40. *Glycerine-Lymph for Vaccination and Revaccination.*—Dr. WEISS had ample opportunity of testing the convenience and value, indeed, the indispensability almost, of the solution of vaccine lymph in glycerine, when a large number of persons were to be vaccinated or revaccinated with as little delay as possible, in the hospital under his charge, during a variolous epidemic which prevailed among the prisoners of war captured during the late Franco-German contest, and he bears unqualified testimony in its favour. In six cases where glycerin-lymph was ineffectually employed, the operation was subsequently repeated with unmixed, pure lymph from the vesicle, and equally without effect. The entire number revaccinated by Dr. W. was 5801. Of these, in 1586 cases, the operation was successful; thus, by revaccination were extinguished just that many foci which would otherwise have contributed to the further spread of the epidemic. Previously to the revaccinations being accomplished, the disease was continually on the increase, while subsequently, new cases quickly ceased to occur.—*Centralblatt f. d. Med. Wissenschaften*, 1871, No. 48, from *Eulenbergs Vierteljahr. f. Gericht. Med.* N. F. XV. D. F. C.

41. *On the Use of Pepsine Wine in the Artificial Feeding of Infants.*—Dr. W. JACKSON CUMMINS made an interesting communication on this subject to the Cork Pathological and Medico-Chirurgical Society. The value of pepsine, he remarked, in those forms of dyspepsia attended by a deficient secretion of gastric juice, is so well known and generally understood, that it is unnecessary for me to trespass on the time of the Society by more than an allusion to them. In the diseases of children, however, and especially as a substitute for a wet-nurse, when a mother is unable or unwilling to suckle her own child, the benefit of this valuable aid to digestion is not, I believe, as generally known, although allusions to it are to be found in medical essays. * * *

There is nothing of course like a good breast of milk for an infant, if it can be had; and in the "good old times," when the peasantry and small farmers lived on potatoes and milk, without stimulating their nerves with strong tea, nor their brains with penny-a-liner's novels, there was an ample field for the selection of a foster parent, but now even when that *rara avis*, a good nurse, is procured, she is so independent and knows her power so well, that any caprice must be humoured, and she is always ready to throw up her situation or neglect her charge.

A wet-nurse is, then, an admitted torment, and a balance struck between its advantage and disadvantage is generally against the former.

Artificial feeding by bottle is a great improvement upon the old system of spoon feeding, as the act of sucking stimulates the salivary glands and insures due insalivation, which is an important part of infantile digestion. With such an aid the stomach of most human infants is vigorous enough to fall into the way of digesting cow's milk, properly diluted, and mixed with sugar and cream to assimilate the proportion of its constituents to human milk—but besides the relative excess of casein and albumen contained in cow's milk when compared with human, the coagulum of the latter is "soft, flocculent, and not so thoroughly separated from the other elements of the fluid as the firm, hard curd of cows' milk is from the whey in which it floats."—(West.)

And when we reflect that the digestive organs of the human infant are found to digest human milk, and the force of its gastric juice proportioned to the solution of its soft flocculent coagulum, we can understand why the solvent power of its gastric juice is sometimes unequal to redigesting the firm curd of cow's milk. When such is the case, acetous fermentation is quickly set up, offensive gases distend the stomach and taint the breath, vomiting and diar-